

Citizen Participation and Public Petitions Committee
Wednesday 19 February 2025
3rd Meeting, 2025 (Session 6)

PE2128: Increase funding for post mastectomy (delayed) breast reconstructions and ensure that waiting time information is accurate

Introduction

Petitioner Christy Esslemont

Petition summary Calling on the Scottish Parliament to urge the Scottish Government to:

- provide additional funding to reduce waiting times for post mastectomy (delayed) breast reconstructions in Scotland
- assess whether the communication section of its waiting times guidance is being followed by Health Boards

Webpage <https://petitions.parliament.scot/petitions/PE2128>

1. This is a new petition that was lodged on 28 November 2024.
2. A full summary of this petition and its aims can be found at **Annexe A**.
3. A SPICe briefing has been prepared to inform the Committee's consideration of the petition and can be found at **Annexe B**.
4. Every petition collects signatures while it remains under consideration. At the time of writing, 144 signatures have been received on this petition.
5. The Committee seeks views from the Scottish Government on all new petitions before they are formally considered.
6. The Committee has received a submission from the Scottish Government which is set out in **Annexe C** of this paper.

Action

7. The Committee is invited to consider what action it wishes to take.

Clerks to the Committee
February 2025

Annexe A: Summary of petition

PE2128: Increase funding for post mastectomy (delayed) breast reconstructions and ensure that waiting time information is accurate

Petitioner

Christy Esslemont

Date Lodged

28 November 2024

Petition summary

Calling on the Scottish Parliament to urge the Scottish Government to:

- provide additional funding to reduce waiting times for post mastectomy (delayed) breast reconstructions in Scotland
- assess whether the communication section of its waiting times guidance is being followed by Health Boards

Background information

While on the waiting list myself, I discovered that post mastectomy (delayed) breast reconstructions were stopped in the UK during COVID restrictions in 2020 and that there is still a long waiting list for this procedure. The information about waiting times is not clear when patients are told that they have breast cancer and need a mastectomy. Patients can still opt for a delayed reconstruction not knowing that it could take years or never happen at all!

It's a disgrace and the Scottish Government needs to address the waiting time for delayed reconstructions immediately. Communication with patients about waiting times must be improved to make sure they are aware of the realistic timeline for undergoing this procedure.

Annexe B: SPICe briefing on PE2128



Brief overview of issues raised by the petition

[PE2128](#) calls on the Scottish Parliament to urge the Scottish Government to provide additional funding to reduce waiting times for post mastectomy (delayed) breast reconstructions in Scotland, and assess whether the communication section of its waiting times guidance is being followed by Health Boards.

The petition highlights that post mastectomy (delayed) breast reconstructions were paused in 2020 during the COVID-19 pandemic, leading to long waiting lists for the procedure. The petitioner has lived experience of waiting for this procedure, and feels that information regarding waiting times is not currently clearly communicated to patients.

Post mastectomy (delayed) breast reconstruction procedure

[A mastectomy is a surgical procedure to remove a breast.](#) It is mainly offered as a treatment for breast cancer, or to lower the risk of breast cancer developing. Women who have undergone a mastectomy may choose to have breast reconstruction surgery. Some women may decide to have breast reconstruction surgery at the same time as a mastectomy, known as immediate breast reconstruction. However, others may choose to wait to make this decision, and opt for delayed breast reconstruction. Additionally, immediate breast reconstruction surgery [may not always be possible](#) for some women with breast cancer, such as those who require further treatment following their mastectomy. There is [currently no time limit](#) for accessing delayed breast reconstruction surgery; some women may make the decision several years after their mastectomy procedure.

Funding and waiting times for delayed breast reconstruction in Scotland

Funding for breast reconstruction surgery is ordinarily determined at Health Board level, from funding allocated to Boards by the Scottish Government. In July 2024, £30 million of [targeted additional funding](#) was allocated by the Scottish Government to Health Boards to address long waits across a range of treatment areas. As part of this £30 million, some Boards [received funding specifically to address backlogs](#) in mastectomy and immediate breast reconstruction surgery. However, delayed reconstruction surgery was not included in this funding allocation.

Waiting times for breast reconstruction surgery have not been routinely reported since 2020. During a [meeting of the Parliament](#) on 10 October 2024, the First Minister stated that the Scottish Government is currently working to determine how this information could be published, and is working with Boards to address waits for delayed breast reconstruction surgery.

Scottish Government waiting times guidance

The Scottish Government's [NHS Scotland Waiting Times Guidance](#) document, published in November 2023, sets out guidance for Health Boards regarding management of waiting lists for planned care. It states the importance of ensuring that patients are provided with "clear, accurate and transparent communications at the beginning of their care journey". Health Boards are expected to have "consistent, effective processes for communicating with patients on a regular basis."

If a Health Board cannot meet a patient's [Treatment Time Guarantee](#) (TTG) before it breaches, the Board must contact the patient to apologise and explain the reason for the delay. The Board must also provide details of an online platform on which the patient can access further information about current waiting times for the relevant specialty, and a named point of contact regarding waiting times for patients who cannot access the online platform.

Patients who initially opt out of post-mastectomy reconstructive surgery, then request surgery at a later date, would be treated as new patients and covered by the Treatment Time Guarantee. However, many women awaiting delayed reconstruction surgery would not be covered by the TTG, as the timescale for their reconstruction surgery would be agreed at the time of their initial treatment. They would therefore be treated as "returning" patients when waiting for their surgery, and would not be covered by the TTG. Patients in this category may face longer waits for surgery, as patients requiring urgent cancer treatment would be given clinical priority.

Scottish Government actions

In a meeting of the Parliament on [10 October 2024](#), the First Minister stated that the Scottish Government is working with Health Boards to address the issue of delays to reconstructive surgery. The First Minister also stated that the Scottish Government has prioritised addressing the treatment backlog for patients currently experiencing cancer. The Scottish Government also committed to addressing the issue of a lack of published information on current waiting times.

Scottish Parliament actions

Questions regarding access to delayed breast reconstruction surgery have been raised in the Parliament on a number of occasions, most recently on [6 November 2024](#).

Sarah Swift
Researcher

7 January 2025

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Annexe C: Written submission

Scottish Government written submission, 8 January 2025

PE2128/A: Increase funding for post mastectomy (delayed) breast reconstructions and ensure that waiting time information is accurate

The Scottish Government is grateful for the opportunity to contribute towards the Committee's consideration of this petition.

Breast reconstruction following treatment for breast cancer is routinely performed by the NHS and can occur immediately following mastectomy in a single operation or may be delayed until a future date to allow time for full recovery from the first operation and any other treatments.

During the pandemic it was necessary for Health Boards to pause routine surgeries to concentrate efforts on caring for patients seriously unwell with COVID-19 and to mitigate the spread of the virus. In a [statement](#) on 27 April 2020, the Association of Breast Surgery (ABS) released recommendations for breast surgery practice. Benign breast surgery, prophylactic surgery and delayed reconstruction were put on hold, and immediate breast reconstruction was only offered under strict criteria based on the assessment of risk, leading to a number of women only having immediate cancer treatment with reconstruction to be undertaken at a later date.

Routine services, including breast and plastic surgery services, were remobilised following the pandemic.

Reconstructive surgery may involve placing an implant under the skin of the chest wall (implant-based reconstruction) or replacing the breast with tissue from another part of the body, most commonly the lower abdomen (free-flap reconstruction).

Implant-based breast reconstruction is generally a short procedure with short recovery.

The free-flap procedure is a complex surgery requiring highly specialised plastic surgery services which are only available at the four main plastic surgery centres across Scotland (Aberdeen, Dundee, Edinburgh and Glasgow). This can take many hours to complete, in some cases up to four theatre sessions, and requires significant operative skill, along with input from both breast and plastic surgery, with skilled aftercare and intensive flap monitoring and associated bed resource also required.

At the current time, Health Boards are continuing to see a growing volume of cancer and clinically urgent cases, including the number of immediate reconstruction cases for breast cancer. Plastic surgery services are therefore concentrating efforts on treating patients with trauma and/or active cancers.

For these reasons, it is difficult for Health Boards to only prioritise delayed reconstructive surgery, particularly for patients awaiting free-flap surgery. Regrettably, this has meant that patients waiting for non-urgent reconstructive surgery are waiting longer for the care they need.

As part of our £30 million additional investment in planned care in 2024-25, the Scottish Government allocated funding to several Health Boards to treat patients awaiting risk-reducing mastectomy and immediate reconstruction. Building on this work, we are currently working with Health Boards to develop a plan for patients waiting for delayed reconstructive surgery.

The 2025-26 Scottish Budget proposes further performance improvements with almost £200 million to reduce waiting lists and help support reduction of delayed discharge. It is our intention to allocate a part of this funding towards delayed reconstructive breast surgery. However, we must also recognise that it may take some time for these procedures to return to acceptable levels due to the volume of theatre time required.

We expect clinicians to inform patients of the anticipated waiting time across all specialities and procedures before they consent to surgery. Following this, Health Boards are expected to write to patients when they are added to a waiting list for treatment to provide an estimation of their treatment date.

Our revised [Waiting Times Guidance](#), published in December 2023, includes a standard package of communications that all Health Boards should be providing. This will ensure that patients are provided with clear communications throughout their care journey setting out what they should expect and their responsibilities while they are waiting for their appointment.

The updated Waiting Time Guidance came into effect from 4 December 2023 and we expect the principles contained within the guidance to be followed from this date; however a transition period is required to allow full implementation of all changes by Health Boards and some recommendations may take longer to implement than others.